

Electronic Health Record (EHR) Incentive Payment Program – Patient Volume Calculation



The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.

Agenda

- Medicaid Electronic Health Record (EHR) Incentive Program
- Patient Volume Requirements
- How to Calculate Patient Volume
- Entering Patient Volume in Medical Assistance Provider Incentive Repository (MAPIR)
- Next Steps
 - Key Dates and Resources

The Division of Health Care Finance shall develop and maintain a coordinated health policy agenda that combines the effective purchasing and administration of health care with promotion oriented public health strategies.



Terminology

ARRA – American Recovery and Reinvestment Act

CMS – Centers for Medicare and Medicaid Services

EHR – Electronic Health Record

HIE – Health Information Exchange

HIT – Health Information Technology

MAPIR – Medical Assistance Provider Incentive Repository

ONC – Office for the National Coordinator for HIT

R&A – Registration and Attestation system

SMHP – State Medicaid HIT Plan



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What is the Medicaid EHR Incentive Payment Program?



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Medicaid EHR Incentive Program

Basic Overview

- The Medicaid EHR incentive program will provide incentive payments to eligible professionals (EPs), eligible hospitals (EHs), and critical access hospitals (CAHs) that are meaningful users of certified EHRs for efforts to adopt, implement, upgrade, or meaningfully use certified EHR technology.
- The 2009 American Reinvestment and Recovery Act (ARRA) included new initiatives and significant funding for increased EHR adoption including the Medicare and Medicaid EHR incentive programs.
- States receive 100 percent Federal funding for the provider incentive payments, 90 Fed/10 State match for program administration expenses.



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Medicaid EHR Incentive Program

Provider Eligibility

- EPs must participate in Medicaid program and be free of sanctions or exclusions in order to receive Medicaid EHR incentive payments.
- EPs include licensed physicians (MDs, DOs), nurse practitioners, certified nurse midwives, physician assistants, and dentists.
- EPs include providers in FQHCs and RHCs and board-certified pediatricians.
- EPs may not be hospital-based. A Medicaid EP is considered hospital-based if 90 percent or more of the EP's services are performed in a hospital inpatient or emergency room setting.

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Medicaid EHR Incentive Program

Patient Volume

- This webinar focuses on patient volume calculations for the Medicaid EHR Incentive Program for Eligible Professionals.
- EPs must meet Medicaid patient volume thresholds to receive Medicaid EHR incentive payments.
- In general, EPs must have 30 percent Medicaid patient volume over a continuous 90-day period in the previous calendar year.
- Pediatricians can qualify with 20 percent Medicaid patient volume, and receive a pro-rated payment if less than 30 percent Medicaid patient volume.
- EPs that practice predominantly in FQHCs and RHCs can include needy patient encounters in volume calculations.

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Medicaid EHR Incentive Program

Registering for Payments

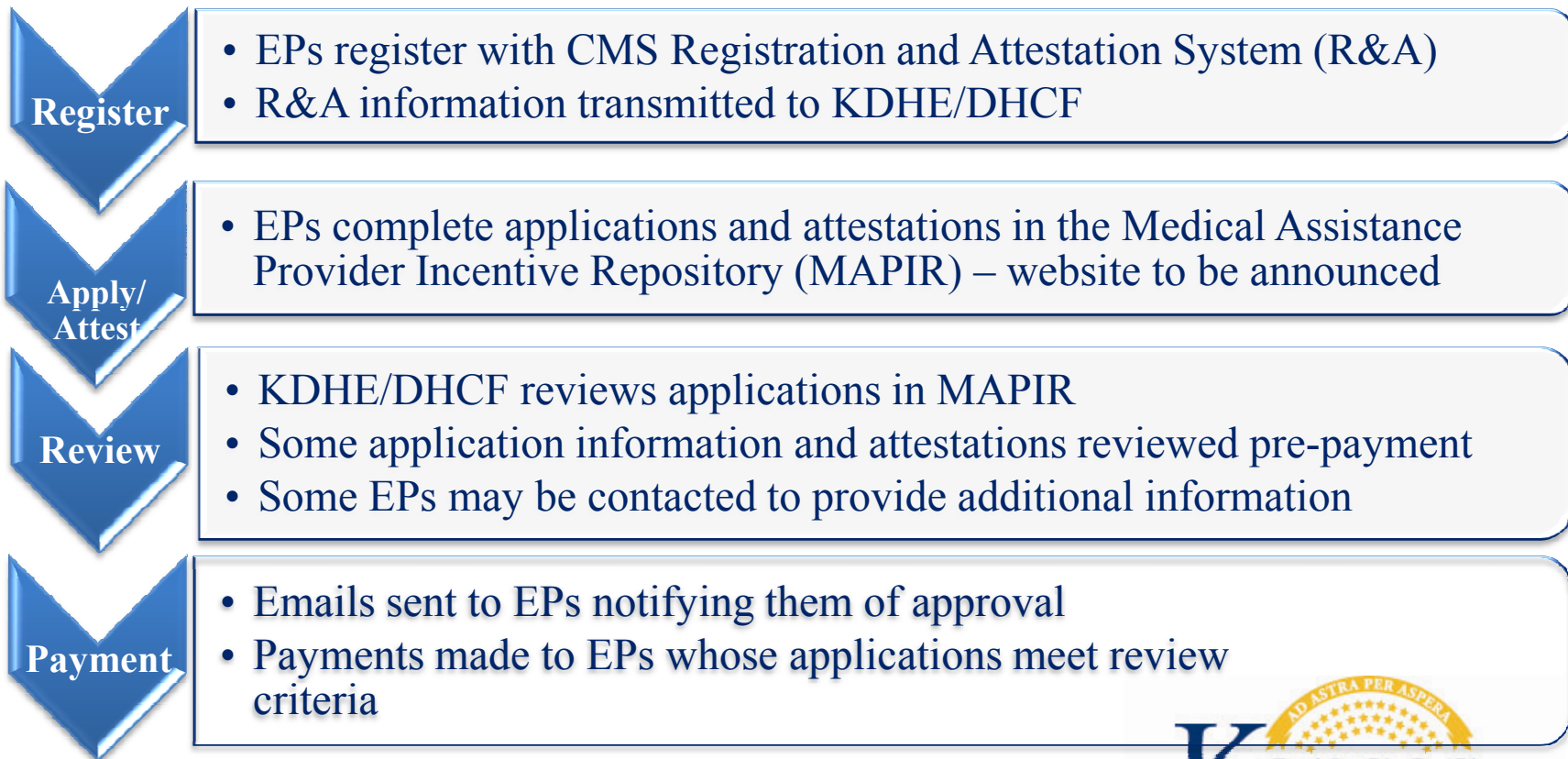
- For the first year's payment, EPs must attest that that they have Adopted, Implemented, or Upgraded (AIU) to a certified EHR System.
 - AIU includes:
 - For newly certified EHR - adoptions (purchase and installation)
 - For existing certified EHR – upgrades to certified EHR releases (as needed)

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Applying to the EHR Incentive Program

Eligible Professionals that meet volume requirements must complete registration and attestation for the Medicaid EHR Incentive Program.



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Patient Volume Requirements



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Patient Volume Requirements

To be eligible to participate in the Medicaid EHR Incentive Program, an EP must meet the minimum Medicaid patient volume threshold.

Medicaid Provider	Eligibility Requirement
Physicians (includes MDs and DOs)	30% patient volume from Medicaid individuals
Nurse Practitioner	30% patient volume from Medicaid individuals
Certified Nurse Midwife	30% patient volume from Medicaid individuals
Dentist	30% patient volume from Medicaid individuals
Providers in FQHCs and RHCs	30% patient volume from needy individuals
Pediatricians	20% patient volume from Medicaid individuals

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Patient Volume Requirements (cont.)

- Medicaid patient volume includes encounters paid by any Medicaid Agency (Kansas Medicaid, Missouri Medicaid, Nebraska Medicaid, etc.).
 - When entering volume information, there is Medicaid in-state (Kansas) volume, as well as Total Medicaid volume (in- and out-of-state).
 - If there is no out-of-state volume, the Medicaid in-state volume and Total Medicaid volume will be the same.
- Medicaid patient volume can include Medicaid managed care organization encounters and dual eligible (Medicare and Medicaid) encounters as part of Medicaid patient volume calculations.
- Medicaid patient volume calculations are for 90 consecutive days in the previous calendar year for all service locations.



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Patient Volume Requirements (cont.)

Provider	Caveats	Threshold
EP – Applying as Individual	Can include encounters from multiple locations. MAPIR will provide listing per Medicaid claims or provider enrollment data. Not all locations used for patient volume will require MU reporting.	30%
EP – Applying as a Group	Numerator: Includes totals for an entire group of providers. Will require use of the group NPI for verification. The group volume calculation must be used by all individual EPs in the group.	30%
Pediatrician	Physicians must be board certified in pediatrics to qualify for the 20% threshold. CRNPs and other EPs in a pediatric office must meet the 30% threshold.	20%
FQHC/RHC	Numerator: Professionals that practice predominantly in an FQHC or RHC more than 50 percent of their time over a 6-month period can also include “needy” individuals in the numerator totals. “Needy” is defined as those who receive services paid by Medicaid, CHIP or some other auditable reduced payment scale.	30%

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Patient Volume Calculation



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How to Calculate Patient Volume

Individual Patient Volume:



Group Patient Volume (allows EPs to attest to patient volume as a group):

- Volume thresholds and calculations are the same but individual EPs can use Medicaid patient volume across a group practice.

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Defining Patient Encounters

- For purposes of calculating EP patient volume, a Medicaid encounter means services rendered to an individual on any one day where Medicaid **paid for part or all of the service; or paid all or part of the individual's premiums, copayments, and cost-sharing.**
- For purposes of calculating needy individual patient volume, a needy patient encounter means services where
 - Medicaid or CHIP paid for all or part of the service; or individual's premiums, copayments, or cost-sharing;
 - The services were furnished at no cost; or
 - The services were paid for at a reduced cost based on a sliding scale determined by the individual's ability to pay
- There is no minimum number of patient encounters.

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Individual Calculation Example

- EP practices in two locations with the following encounters over 90 consecutive days in the previous calendar year:

Site 1: 350 encounters and 200 Medicaid encounters

Site 2: 250 encounters and 50 Medicaid encounters

Total: **600** total encounters across both sites, and
250 total Medicaid encounters

- Volume Calculation:

250 / 600 = 42 percent Medicaid patient volume

= EP meets Medicaid patient volume threshold



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Group Calculation Example

- Group practice has two sites, with two EPs and two non-EPs, with the following encounters over the past 90 consecutive days :

	Site 1		Site 2	
	<u>Medicaid</u>	<u>Total</u>	<u>Medicaid</u>	<u>Total</u>
EP 1	100	400	50	200
EP 2	120	260	150	350
Non - EP 1	--	--	300	700
Non - EP 2	200	600	--	--
Total	420	1,260	500	1,250

- Group practice totals 2510 patient and 920 Medicaid encounters
- 920 / 2510 = 37 percent** Medicaid patient volume
- The 2 EPs meet the Medicaid volume threshold

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Medical Assistance Provider Incentive Repository (MAPIR)

Name	ADAM MAPIR	Applicant NPI	1881640274			
Personal TIN/SSN	783454545	Payee TIN	567123456			
Get Started	R&A/Contact Info <input type="checkbox"/>	Eligibility <input type="checkbox"/>	Patient Volumes <input type="checkbox"/>	Attestation <input type="checkbox"/>	Review	Submit <input type="checkbox"/>



The information you provided to the R&A will be displayed in this section for verification.

- You will need to verify the accuracy of information transferred from the R&A to MAPIR. If there are any errors in the information, you must return to the R&A to make these updates prior to moving forward with your MAPIR application. R&A changes or updates cannot be made in MAPIR.
- Changes made in the R&A are **not** immediate and will not be displayed in MAPIR for at least two business days. You cannot continue with the MAPIR application process until the updated information is available in MAPIR.
- The following link will direct you to the R&A to make updates or correct any errors: <https://ehrincentives.cms.gov/hitech/login.action>

Please note that in this section, you will be required to enter a contact name and phone number, along with an email address. All email correspondence regarding your incentive payment application will be sent to this email address and to the email address entered at the R&A.

Begin

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MAPIR

- The Medical Assistance Provider Incentive Repository (MAPIR) is a Web-based program administered by the state Medicaid program that allows Eligible Professionals and Eligible Hospitals to apply for incentive payments.
- MAPIR will interface with the CMS R&A system and will both track and act as a repository for information related to payment, applications, attestations, oversight functions for Kansas's Medicaid EHR Incentive Program.
- Before applying for state Medicaid EHR Incentive payments using MAPIR, you must register at the CMS EHR Incentive Program Registration and Attestation System website:
https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp

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Entering Patient Encounter Volume in MAPIR

- Part of the MAPIR application process is to verify patient encounter volume.
- The MAPIR screens will give basic instructions on what will be asked and the supporting documentation needed.
- In the Volume tab of the MAPIR application, the applicant must select Yes or No when asked if s/he predominately practices at an FQHC/RHC.
 - Note: Only select Yes if 50% or more of your practice time over a 6-month period is in an FQHC/RHC
- The applicant must indicate if s/he is submitting volume as an individual or as part of a group/clinic.

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Entering Patient Encounter Volume in MAPIR - Individual

The following MAPIR application components help determine volume eligibility at the individual level:

- Applicant must enter the 90-day consecutive period for which s/he is using to meet the Medicaid patient volume criteria.
 - The applicant will populate the start date and MAPIR will automatically calculate the end date.
- Applicant must select at least one location for meeting Medicaid patient volumes requirements.
 - MAPIR will list Provider Service Location Information for each service location for which the applicant has registered.
 - Provider ID, Location Name, and Location Address will auto populate.
 - Applicants may enter additional locations that MAPIR does not automatically display.



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Entering Patient Encounter Volume in MAPIR - Individual

For each location selected during the application process the applicant must enter the following details regarding the Medicaid population served at the location:

- Numerator (State and Total Medicaid Encounter Volume)
 - This is the number of Medicaid encounters seen at the location.
 - Applicants will enter both the Medicaid In-State Encounter Volume and the Total Medicaid Encounter Volume.
 - If the EP practices predominately a FQHC/RHC, then they will include needy individuals in the Total Medicaid Encounter Volume.
- Denominator (Total Encounter Volume)
 - This is the entire patient population seen at the location.
 - MAPIR calculates and displays Medicaid % based on data entered.
 - MAPIR also compares the Medicaid % to the required participation percentage by provider type.



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Entering Patient Encounter Volume in MAPIR - Individual

Name Dr. Medicaid A. Provider Applicant NPI 1234567890
Personal TIN 987654321 Payee TIN 123456789

Get Started NLR & Contact Info ☒ Eligibility ☒ **Patient Volumes** ☐ Attestation ☐ Review ☐ Submit ☐

Patient Volume – Individual (Part 3 of 3)

Please select the **check box** for locations where you are meeting Medicaid Patient Volume requirements and/or utilizing Certified EHR Technology. If you wish to report patient volumes and/or the use of Certified EHR Technology for a location or site that is not listed, click **Add Location**.

You must select at least one location for meeting patient volumes and at least one location for utilizing Certified EHR Technology.

When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.

(*) Red asterisk indicates a required field.

* Medicaid Patient Volumes (Must Select at Least One)	* Utilizing Certified EHR Technology? (Must Select at Least One)	Provider ID	Location Name	Address
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	XXXXXXXXXXXX	Dr. Lassie Family Practice	2 Provider Lane
<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	XXXXXXXXXXXX	Help, Timmy Assoc.	3 Provider Lane

Add Location

Previous Reset Save & Continue

Selecting location(s)
for Patient Volume
requirements

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Entering Patient Encounter Volume in MAPIR - Individual

Name Dr. Medicaid A. Provider **Applicant NPI** 1234567890
Personal TIN 987654321 **Payee TIN** 123456789

Get Started NLR & Contact Info ☒ Eligibility ☒ **Patient Volumes** ☐ Attestation ☐ Review ☐ Submit ☐

Patient Volume – Individual (Part 3 of 3)

Please enter **patient volumes** where indicated. *You must enter volumes in all fields below. If volumes do not apply, enter zero.*

Encounters are defined as:

- 1) Services rendered on any one day to an individual where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid for part or all of the service; or
- 2) Services rendered on any one day to an individual for where Medicaid or a Medicaid demonstration project under section 1115 of the Act paid all or part of their premiums, copayments, and/or cost-sharing.

*When ready click the **Save & Continue** button to review your selection, or click **Previous** to go back.
Click **Reset** to restore this panel to the starting point.*

(*) Red asterisk indicates a required field.

Provider ID	Location Name	Address	Medicaid Only Encounter Volume (In State Numerator)	Medicaid Encounter Volume (Total Numerator)	Total Encounter Volume (Denominator)
XXXXXXXXXXXX	Dr. Lassie Family Practice	2 Provider Lane	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>
XXXXXXXXXXXX	Feldownawel Urgent Care	4 Provider Lane	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>

Previous Reset Save & Continue

Entering Encounters
for Patient Volume
requirements

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Entering Patient Encounter Volume in MAPIR - Group

The following MAPIR application components help determine volume eligibility at the group level:

- Applicant must enter the 90-day consecutive period for which the s/he is using to meet the Medicaid patient volume criteria.
 - The applicant will populate the start date and MAPIR will automatically calculate the end date.
- Applicant must select and/or add the group NPIs that comprise the encounter volumes being reported.
 - MAPIR will list Provider Service Location Information for each service location for which the applicant has registered.
 - Provider ID, Location Name, and Location Address will auto populate.
 - Applicants may enter additional locations that MAPIR does not automatically display.



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Entering Patient Encounter Volume in MAPIR - Group

The applicant must enter the following details regarding the Medicaid population served at each location:

- Numerator (State and Total Medicaid Encounter Volume)
 - This is the number of Medicaid encounters seen at each location.
 - Applicants will enter both the Medicaid In-State Encounter Volume and the Total Medicaid Encounter Volume.
 - If the EP practices predominately a FQHC/RHC, then they will include needy individuals in the Total Medicaid Encounter Volume.
- Denominator (Total Encounter Volume)
 - This is the entire patient population seen at the location.
 - MAPIR calculates and displays the Medicaid volume percentage.
 - MAPIR also compares the Medicaid percentage to the required participation percentage by provider type.



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Troubleshooting Volume Requirements

- What if I don't meet the Medicaid patient volume requirement?
 - Select a different 90-day period
 - HealthConnect providers may contact the Kansas Medicaid Managed Care Enrollment Center at 1-866-305-5147 to add more patients to their caseload
 - Consider using group volume methodology
- How do I make sure I only count Medicaid ?
 - Only FQHCs/RHCs can include needy individual populations other than Medicaid
 - Need to remove commercial and CHIP encounters
 - General Assistance does not count towards Medicaid or needy patient volume



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Next Steps



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Tentative Timeline for Kansas Medicaid EHR Incentive Program

- KDHE submitted the SMHP and IAPD to CMS for approval September 2011.
- September - October 2011: KDHE anticipates CMS will provide SMHP approval.
- September - November 2011: KDHE will begin preparations for EHR Incentive Payments.
- **Early 2012: KDHE will make first incentive payment in early calendar year 2012.**

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Medicaid EHR Incentive Program

Pre-Application Readiness

- Review materials about EHR, HIT, and the incentive program.

<http://www.kdheks.gov/hcf/hite/default.htm>

https://www.cms.gov/EHRIncentivePrograms/01_Overview.asp

- Determine EHR incentive program eligibility:

http://www.cms.gov/EHRIncentivePrograms/55_EducationalMaterials.asp#TopOfPage

- If applicable, enroll and participate as a Medicaid provider at:

<https://www.kmap-state-ks.us/public/Enrollment%20Application.asp>

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Medicaid EHR Incentive Program

Registering for Payments

1. Medicaid EPs must register on the CMS Registration and Attestation website:

https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp

2. Medicaid EPs must register and attest with the State.
(Website address not yet available.)



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Resources

- KDHE website: <http://www.kdheks.gov/hcf/hite/default.htm>
- CMS Overview of Medicaid EHR Incentive Program: https://www.cms.gov/EHRIncentivePrograms/01_Overview.asp
- CMS Eligibility Wizard – helps determine eligibility for Medicaid EHR Incentive Program: https://www.cms.gov/EHRIncentivePrograms/15_Eligibility.asp
- National Institutes of Health (NIH) – CMS Videos: <http://videocast.nih.gov/PastEvents.asp?c=80>

Please submit your questions to:
Diane Davidson at DDavidson@KDHEks.gov or
Colletta Gales at CGales@KDHEks.gov

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